



ALTRUSA INTERNATIONAL OF TEMPLE, TX, INC. RECOMMENDATION FOR MEMBERSHIP

Name: _____ Date of Birth _____
(mm/dd/yyyy)

Spouse's Name: _____

Home Address: _____

Home Telephone: _____ Business Telephone _____
Street City State Zip

Business Fax: _____ Cell Phone: _____

Email: _____

Firm, corporation or organization: _____

Business Address: _____
Street City State Zip

Title or Position: _____

Description of responsibilities: _____

Nature of business or profession: _____

Length of time in position: _____

Club or organization affiliations (include leadership positions held): _____

Additional remarks: _____

Date: _____ Sponsor: _____

Sponsor: _____

Signatures of two active or active retired members

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To be completed by the Membership Chair:

Is the proposed member eligible for membership? _____ Yes _____ No

Approved by: _____ Date: _____

Signature of Membership Chair

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Approved _____ Rejected _____ Reason _____
Date Date

Invitation: Issued _____ Accepted _____ Declined _____
Date Date Date

Reason invitation declined: _____

Dues/fees paid: _____ Entered into Club Runner: _____
Date Date

Added to International's Website: _____ Sent Information to District: _____
Date Date

Initiation Date: _____